| | | CLAIMS AS | - (Column | | mn.2) | SMALL E | TITY | OR | OTHER SMALL I | |
|--|--|---|--------------------|---|------------------|---------------------|------------------------|-----------|---------------------|------------------------|
| TOTAL CLAIMS | | 27 | | | RATE | FEE | . | RATE | FEE | |
| FOR | | NUMBER I | FILED NUMB | ÉR EXTRA | BASIC FEE | | OR | BASIC FEE | 800 | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20= | | - | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS 7 minus 3 = | | | | | X40= | | OR | X80= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | +135= | • | ÖR | +270= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTAL | | OR | TOTAL | 850 |
| ∂ | -600 C | | | | | | | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NO P | Total | . 22 | Minus | ** | = . | X\$ 9= | | OR | X\$18= | |
| ME | Independent | . 6 | Minus _. | *** | = | X40= | | OR | X80= | |
| | FIRST PRESE | NTATION OF M | ULTIPLE DEF | PENDENT CLAIM | | +135= | | OR | +270= | 4. |
| | | | • | | | TOTAL ADDIT: FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | · | (Column 2) | (Column 3) | | | | | |
| ENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT B | Total | • | Minus | ••• | = | X\$ 9= | | OR | X\$18= | |
| | Independent | .* | Minus | *** | = | X40= | | OR | X8Ó= | |
| | FIRST PRESE | NTATION OF MI | JLTIPLE DEP | ENDENT CLAIM | | +135= | | OR | +270= | |
| | · | • | | • | | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | ·(Column 2) | (Column 3) | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE / | ADDI- TIONAL FEE |
| MON | Total | • | Minus | ** | = | X\$ 9= | | OR | X\$18= | |
| ME | Independent | • | Minus | *** | = | X40= | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | · | | +270= | |
| • 1 | f the entry in colu | mn 1 is less than ti | he entry in colu | mn 2, write "0" in co | lumn 3. | +135= TOTAL | | OR | TOTAL | |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | |

FORM PTO-875

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE